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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

		Heler	na, M I	59620-25	01					
DUE DATES:		February 1 t February 15	o Cou	-			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This clair	n is for the	period beginning			,	20 and e	nding		, 20	
			1	nonth	day		m	onth	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is compl	ete and	accurate to the	e best of my kno	owledge.				
Date			Signatuı	re, Chair, Board	d of Trustees					
County:			District:					Dist	rict Level:	
16 Galla	tin	I	0347	Manhatt	an Elem			Ele	ementary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	ı s	Bus Driver's ocial Security #
59	3	1-Maudlov	v	62.4	1.57	71	08/29/05			·
59	3	2-Churchil	1	88	1.57	72	08/29/05	-		
59	3	3-Anceny		80.4	1.80	84	08/29/05	-		
59	3	4-Logan		57.8	1.57	71	08/29/05			
59	3	5-Wooden Sł	noe	66.2	0.95	48	08/30/05			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		Helei	na, IVI	59620-25	01			·		
DUE DATES:		I February 1 February 15	to Cou	-			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This clain	n is for the	period beginning			,	20 and	ending		, 20	
			1	nonth	day		n	nonth	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is compl	ete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District:					District I	_evel:	
16 Galla	tin		0348	Manhatt	an H S			High	School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
41	3	1-Maudlov	V	62.4	1.57	71	08/29/05			
41	3	2-Churchi	11	88	1.57	72	08/29/05			
41	3	3-Anceny	,	80.4	1.80	84	08/29/05			
41	3	4-Logan		57.8	1.57	71	08/29/05			
41	3	5-Wooden S	hoe	66.2	0.95	48	08/30/05			



### School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
<b>DATES:</b>

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning _		, 20	and ending		, 20			
	month	day		month	day			
CERTIFICATION:								
The information on this form is complete and accurate to the best of my knowledge.								

Date Signature, Chair, Board of Trustees

County: District: District Level:

16 Gallatin			0350	0350 Bozeman Elem					Elementary	
	District	Route		Miles	Rate			Days	Bus Driver's	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	7	01	96	1.57	77	08/15/05		
60	7	03	77	1.57	77	08/15/05		
100	7	03F	14	1.57	77	08/15/05		
60	7	05	86	1.57	77	08/15/05		
100	7	05F	10	1.57	77	08/15/05		
60	7	07	61	1.57	77	08/15/05		
100	7	07F	26	1.57	77	08/15/05		
60	7	09	30	1.57	77	08/15/05		
60	7	11	115	1.57	77	08/15/05		
60	7	13	36	1.57	77	08/29/05		
60	7	15	74	1.57	77	08/15/05		
60	7	17	59	1.57	77	08/15/05		
60	7	19	30	1.57	77	08/15/05		
60	7	21	28	1.57	77	08/29/05		
100	7	21F	25	1.57	77	08/29/05		
60	7	23	46	1.57	77	08/15/05		
100	7	23F	20	1.57	77	08/15/05		
60	7	25	47	1.57	77	08/15/05		
60	7	27	87	1.57	77	08/15/05		
60	7	29	56	1.57	77	08/15/05		
60	7	31	43	1.57	77	08/15/05		
100	7	31F	15	1.57	77	08/15/05		
60	7	33	106	1.57	77	08/15/05		
60	7	35	74	1.57	77	08/15/05		
60	7	37	60	1.57	77	08/15/05		
100	7	37F	10	1.57	77	08/15/05		
60	7	39	41	1.57	77	08/15/05		
60	7	41	64	1.57	77	08/15/05		
60	7	43	40	1.80	84	08/04/05		
100	7	45	30	1.57	77	08/15/05		
100	7	45F	10	1.57	77	08/15/05		



**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	L
District	
County	

<b>DUE</b>
DATES

First Semester February 15 to State Superintendent

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 16 Gallatin 0350 Bozeman Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 60 7 47 186 1.57 77 08/15/05 7 60 51 54 1.57 77 08/15/05 7 32 77 60 53 1.57 08/15/05 7 100 53F 10 1.57 77 08/15/05 7 75 77 60 55 1.57 08/15/05 60 7 57 44 1.57 77 08/15/05 7 77 100 57F 10 1.57 08/15/05 7 59 60 1.57 77 08/29/05 60 7 30 77 100 59F 1.57 08/15/05 7 77 60 61 48 1.57 08/15/05 100 7 61F 15 1.57 77 08/15/05 7 77 60 63 64 1.57 08/15/05 60 7 30 77 08/15/05 65 1.57 100 7 12 1.57 77 08/29/05 65F 7 30 77 60 67 1.57 08/15/05 60 7 69 70 1.57 77 08/15/05 7 33 77 60 71 1.57 08/15/05 7 100 71F 25 1.57 77 08/15/05 60 7 73 33 77 1.57 08/15/05 7 75 77 60 101 1.57 08/15/05 60 7 77 64 1.57 77 08/15/05 7 79 98 77 60 1.57 08/15/05



### School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES: First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

This claim is for the period beginning		, 20	and ending	, 20	
	month	dav	month	dav	

# CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level:

16 Gallatin 0351 Bozeman H S High School

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

			bozeman	по		High School		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	7	01	96	1.57	77	08/15/05	Operatea	bockii becarity "
40	7	03	77	1.57	77	08/15/05		
40	7	05	86	1.57	77	08/15/05		
40	7	07	61	1.57	77	08/15/05		-
40	7	09	30	1.57	77	08/15/05		-
40	7	11	115	1.57	77	08/15/05		-
40	7	13	36	1.57	77	08/29/05	·	-
40	7	15	74	1.57	77	08/15/05	·	-
40	7	17	59	1.57	77	08/15/05		
40	7	19	30	1.57	77	08/15/05		
40	7	21	28	1.57	77	08/29/05		
40	7	23	46	1.57	77	08/15/05		
40	7	25	47	1.57	77	08/15/05		
40	7	27	87	1.57	77	08/15/05		
40	7	29	56	1.57	77	08/15/05		
40	7	31	43	1.57	77	08/15/05		
40	7	33	106	1.57	77	08/15/05		
40	7	35	74	1.57	77	08/15/05		
40	7	37	60	1.57	77	08/15/05		
40	7	39	41	1.57	77	08/15/05		
40	7	41	64	1.57	77	08/15/05		
40	7	43	40	1.80	84	08/04/05		
40	7	47	186	1.57	77	08/15/05		
40	7	51	54	1.57	77	08/15/05		
40	7	53	32	1.57	77	08/15/05		
40	7	55	75	1.57	77	08/15/05		
40	7	57	44	1.57	77	08/15/05		
40	7	59	60	1.57	77	08/29/05		
40	7	61	48	1.57	77	08/15/05		
40	7	63	64	1.57	77	08/15/05		
40	7	65	30	1.57	77	08/15/05		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		May 24	Second Semes to County Super to State Superin	rintendent atendent
COMPLI	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SO	CHOOL BUS TRA	ANSPORTATIO	N:
This clain	n is for the	period beginning	!		,	20 and	ending		
				month	day			month	day
CERTIFI	<b>ICATIO</b>	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date	Signature, Chair, Board of Trustees								
County:			District	:				District	Level:
16 Galla	tin		0351	Bozeman	HS			High	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	7	67		30	1.57	77	08/15/05		
40	7	69		70	1.57	77	08/15/05		
40	7	71		33	1.57	77	08/15/05		-
40	7	73		33	1.57	77	08/15/05		-
40	7	75		101	1.57	77	08/15/05		
40	7	77		64	1.57	77	08/15/05		
40	7	79		98	1.57	77	08/15/05		

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70

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J15-17

J15-17

1

1A

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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71

1.15

0.95

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

		Hele	na, M⁻	Г 59620-25	01					
DUE DATES:  First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester  May 10 to County Superintendent  May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPOR'	<b>FATION</b>	:
This clair	m is for the	period beginning	i		,	20 and en	ding		,	20
			]	month	day		m	onth	d	ay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Le	evel:
16 Galla	ıtin		0354	Willow (	Creek Elen	n			Elemei	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #

Capacity

53

16

08/16/05

08/16/05

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		1111 00020 200	•				
DUE DATES:  First Semester  February 1 to County Superintendent  February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	TE THIS CLAIM FOR S	TATE REIMB	URSEMENT FO	RSCHOOL	BUS TRANSPORT	TATION:	
This claim	is for the period beginning	month	, 20	and ending	month	, 20 day	
CERTIFI	CATION:						
The inform	nation on this form is complete a	and accurate to the	best of my knowledge	•			
Date	Sign	nature, Chair, Board	of Trustees				
County:	Dist	rict:		<u> </u>		District Level:	

16 Gallatin 0355 Willow Creek H S **High School** District Route Miles Rate Days Bus Driver's Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 1 30 15 46 1.15 53 08/16/0571 30 15 1A 0.95 16 08/16/05

0	PI

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:  First Semester  February 1 to County Superintendent February 15 to State Superintendent  May 10 to County Superintendent May 24 to State Superintendent						tendent		
COMPLI	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:							
This clain	n is for the	period beginning	month	day,	20 and e	ndingn		20 ay
CERTIF	CERTIFICATION:							
The infor	mation on	this form is compl	ete and accurate to tl	ne best of my kn	owledge.			
Date			Signature, Chair, Boar	rd of Trustees				
County:			District:				District Le	evel:
16 Galla	tin		0360 Three F	orks Elem			Elemei	ntary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
67	J-24	Clarkston	82	1.36	66	08/12/05		
67	J-24	Lane	108	1.36	65	08/12/05		
67	J-24	Madison	93	1.36	60	08/12/05		
67	J-24	Trident	72	1.36	66	08/12/05		

0	PI

33

J-24

Trident

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

72

1.36

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	rebruary 1 to County Superintendent			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	ETE THIS CLAIM FOR STATE REIMBURSEM	ENT FOR	SCHOOL	BUS TRANSPORTAT	TION:			
This claim	n is for the period beginning	, 20	and ending		, 20			
	month day			month	day			
CERTIFI	CATION:							
The inform	mation on this form is complete and accurate to the best of my	knowledge.			_			

CERTIF	ICATIO	N:							
The infor	The information on this form is complete and accurate to the best of my knowledge.								
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District: District Level:					vel:	
16 Galla	tin		0361 Three Forks H S			High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	J-24	Clarksto	n	82	1.36	66	08/12/05		
33	J-24	Lane		108	1.36	65	08/12/05		
33	J-24	Madisor	ì	93	1.36	60	08/12/05		

66

08/12/05

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35

1 Combined

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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1.57

School District Claim for
State Reimbursement for
<b>School Bus Transportation</b>

		Hele	ena, M⁻	Г 59620-25	01		School Bus	ranspoi	tation	, ]
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	HOOL BUS TRA	NSPORT	ATION:	
This clain	ı is for the	period beginning	g		,	20 and e	nding		, 20	_•
	month day						m	onth	day	
CERTIFI	CATIO	N:								
The inform	mation on	this form is comp	plete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Boar	d of Trustees					
County:			District	:					District Level:	
16 Galla	tin		0364	Gallatin	Gateway 1	<b>Elem Elementary</b>				
Percentage	District Route Miles Rate						Da Oper	•	Bus Driver's Social Security #	

71

08/29/05

PI

School District Claim for State Reimbursement for School Bus Transportation

DUE DATES:		February 1 February 1		nty Superin		•	Second Semester to County Superinter to State Superinter	tendent	
COMPLE	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	NT FOR SC	CHOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	!		,	20 and	ending		20
				nonth	day		-	nonth da	
CERTIFI	ICATIO	N:							
		this form is comp	lete and a	accurate to th	e best of my kn	owledge.			
Date			Signatur	e, Chair, Board	d of Trustees				
County:			District:					District Le	vel:
16 Gallatin 0366 Anderson Elem					n Elem			Elemer	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	41	North		22	0.00	71	08/25/05		
	41	South		16	1.57	71	08/25/05		



**CERTIFICATION:** 

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

### School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
<b>DATES:</b>

County:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

## The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees

16 Gallatin 0368 Belgrade Elem Elementary

10 Galla	lun	10300	beigrade	Elementary				
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
82	44	01	57	1.57	71	08/23/05		
82	44	02	43	1.57	71	08/23/05		
82	44	03	32	1.57	71	08/23/05		
82	44	04	95	1.57	71	08/23/05		
82	44	05	95	1.57	71	08/23/05		
82	44	06	60	1.57	71	09/20/05		
82	44	07	88	1.15	54	08/23/05		
82	44	08	60	1.57	71	09/20/05		
82	44	09	50	1.57	71	08/23/05		
82	44	10	35	1.57	71	08/23/05		
82	44	11	58	1.57	71	08/23/05		
82	44	12	52	1.57	71	08/23/05		
82	44	13	48	1.57	71	08/23/05		
82	44	14	52	1.57	71	08/23/05		
100	44	15	100	1.15	54	08/23/05		
82	44	17	32	1.57	71	08/23/05		
82	44	18	36	1.57	71	08/23/05		
100	44	19	48	1.57	71	08/23/05		
82	44	20	34	1.57	71	08/23/05		
82	44	21	21	1.57	71	08/23/05		
82	44	22	28	1.57	71	08/23/05		
100	44	23	39	1.57	71	08/23/05		
82	44	24	35	1.57	71	08/23/05		
82	44	25	34	1.57	71	08/23/05		
82	44	26	16	1.57	71	08/23/05		



**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	L
District	
County	

<b>DUE</b>
DATES

**First Semester February 1 to County Superintendent** 

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

S: February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 16 Gallatin 0369 Belgrade H S **High School** District Route Miles Rate Days **Bus Driver's** Social Security # Percentage # Per Day Per Mile Capacity Operated Inspection 08/23/05 10 1 57

18	44	01	57	1.57	71	08/23/05		
18	44	02	43	1.57	71	08/23/05	_	
18	44	03	32	1.57	71	08/23/05	_	
18	44	04	95	1.57	71	08/23/05	_	
18	44	05	95	1.57	71	08/23/05	_	
18	44	06	60	1.57	71	09/20/05		
18	44	07	88	1.15	54	08/23/05		
18	44	08	60	1.57	71	09/20/05		
18	44	09	50	1.57	71	08/23/05	_	
18	44	10	35	1.57	71	08/23/05		
18	44	11	58	1.57	71	08/23/05		
18	44	12	52	1.57	71	08/23/05		
18	44	13	48	1.57	71	08/23/05		
18	44	14	52	1.57	71	08/23/05		
18	44	17	32	1.57	71	08/23/05		
18	44	18	36	1.57	71	08/23/05		
18	44	20	34	1.57	71	08/23/05		
18	44	21	21	1.57	71	08/23/05		
18	44	22	28	1.57	71	08/23/05		
18	44	24	35	1.57	71	08/23/05		
18	44	25	34	1.57	71	08/23/05		
18	44	26	16	1.57	71	08/23/05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Helena	a, MT 59620-25		School Bus Transportation					
DUE DATES:		February 1 to February 15 t	irst Semester County Superint to State Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FOR	STATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION	<u>:</u>		
This clain	n is for the	period beginning _		20 and en	ding	,	20			
			month	day		m	onth d	ay		
CERTIF	ICATIO	N:								
The infor	mation on	this form is complet	te and accurate to the	e best of my kn	owledge.					
Date		S	Signature, Chair, Board	d of Trustees						
County: District:							District Le	evel:		
16 Gallatin 0374 West Yellowstone K-12							High S	chool		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	69 North-HB 102 1.57 77 08/15/05									

PI	

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

### School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	February 1 February 15			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning month			day	_, 20	and ending	month	, 20 day	
CEDELEI	CATTON	month	uay			monti	uay	
CERTIFI	CATION:							
The information on this form is complete and accurate to the best of my knowledge.								
Date		Signature, Chair, Boa	rd of Trustees					

16 Gallatin   0375 Ophir Elem				Elementary				
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	72	1	32	1.57	77	08/24/05		
100	72	2	40	1.57	71	08/24/05		
100	72	3	14	1.57	77	08/24/05		

### **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

#### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0376 Amsterdam Elem **Elementary** Days District Route Miles Rate **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage Capacity Inspection 100 75 1 Amsterdam 24 1.57 71 08/16/05 100 75 2 Highline 17.6 1.57 78 08/16/05 100 75 4 Bozeman 16.2 84 08/16/05 1.80 100 75 5 Belgrade 10 84 1.80 08/16/05